## **Amendment Transmittal Letter**

Docket Number

BOE0004US.NP

Address To Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

		Title of Invent	ion							
Pharmaceutical Active-I	ngredient-Containin	g Formulation with Coating								
First Named Inventor	Karin Klokkers									
Application No.	10/577,569									
Filing Date	February 27, 2008									
Examiner	Alawadi, Sarah									
Art Unit	1619									
Transmitted herewith	is an amendment in	the above-identified applica	ation.							
The fee has been cal	culated and is transr	nitted as shown below.								
☐ Applicant claim	s Small Entity Stat	us. See 37 CFR 1.27.								
	3 Oman Entity Stat	us. See 37 Of IC 1.27,								
		Fee Calculati	on							
		Claims as Amend	led							
For	#Filed	#Previously Paid For	#Extra	Rate	Fee					
Total Claims	27	- 28 =		× 52 =						
Total Indep. Claims	1	- 3 =		× 220 =						
	M	ultiple Dependent Claims (d	check if applica							
				TOTAL	\$0					
		Method of Payr								
Deposit Account	Credit Card	Check Money	Order 🔲 O	ther:						
Deposit Account Num	***************************************			muo www.retert						
For the above-ider Charge the fee(s)		count, the Director is h	ereby autho	rized to: (	(check all that apply)					
		payments of fee(s) under 3	7 CFR 1 16 an	ıd 1 17						
	icated above, <b>exce</b> p		. 5. 1. 1110 ai							
Credit any overpa	ayments	-								
		n may become public. ( formation and authoriz			n should not be included 38.					
_			Amour	nt Grand To	tal <b>\$0</b>					

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	Correspondence Address
Customer Numbe	r 26259
	-OR-
Name	
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Country	Postal Code
Phone Number	
E-mail Address	

I hereby certify that this Amendment, accompanying documents, and fee (if appropriate) are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below:

(Date of Mailing)

(Typed or Printed Name of Person Mailing Correspondence)

(Signature of Person Mailing Correspondence)

("Express Mail" Mailing Label Number)

I hereby certify that this Amendment, accompanying documents, and fee (if appropriate) are being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below:

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## Certificate of Transmission

I hereby certify that this Amendment, accompanying documents, and fee (if appropriate) authorization are being facsimile transmitted to the United States Patent and Trademark Office on the date indicated below:

(Date of Transmission)

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## Signature Instructions

Select the name of the person who will electronically sign the Amendment from the drop-down box below.

If a practitioner is not present in the drop-down list, you must close this form and select 'Add Practitioner...' in the Form Manager's Utility menu.

Verify that the signatory information is correct and press the 'eSign' button to electronically sign the submission. If you prefer to sign the form manually, simply do not click the 'eSign' button; just print and manually sign.

**Signatory Drop-Down Box** 

Jane Massey Licata

Name	Jane Massey Licata	Registration Number		32,257		
Signatory Capacity	Attorney for Applicant(s)	jmlicata@licataandtyrrell.com				
eSign	/Jane Massey Licata/			Date Signed	10/21/2010	$\neg$